## PRELIMINARY FISCAL IMPACT STATEMENT

Agency: Revenue		
Title: 350	Prepared by: Grace Willnerd	
Chapter: 50	Date prepared: December 1, 2016	
Subject: Reporting Requirements and	Telephone: (402) 471-5982	
Assessment Process		

## Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(X)	(X)	(X)
Increased Costs	( )	( )	( )
Decreased Costs	( )	( )	( )
Increased Revenue	( )	( )	( )
Decreased Revenue	( )	( )	( )
Indeterminable	( )	( )	( )

Provide an Estimated Cost & Description of Impact:

State Agency:

Political

Subdivision:

Regulated

Public:

If indeterminable, explain why: